



**STATE OF ALASKA**  
 Department of Environmental Conservation  
 Division of Spill Prevention & Response  
 410 Willoughby Ave.; Suite 303, PO Box 111800;  
 Juneau, Alaska 99811-1800



**NONTANK VESSEL STREAMLINED  
 OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN  
 APPLICATION FOR REINSTATEMENT OF APPROVAL**

Reinstatement of plan #S _____	Date of this application: _____
Planholder name: _____	Name of Vessel(s) _____
Date vessel due in Alaska waters: _____	AK COFR # (3-4 digit suffix only) _____

I hereby request that approval for the above referenced streamlined plan, suspended on \_\_\_\_\_ (date), be reinstated effective \_\_\_\_\_ (date). I understand that all terms and conditions of the plan approval that existed prior to suspension, including date of expiration, are unchanged.

By signing below, I certify that:

1. either
  - a) the plan specifics have not changed since the suspension of the plan
  - b) or the Department has approved an update to the plan;
2. Incident Management Team and Cleanup Contractor contracts have been activated for the plan;
3. no modifications other than reinstatement of approval are being requested by this application.

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am the applicant, a principal of the applicant, an authorized agent for the applicant, or an official of the applicant; that I have authority to sign this application and commit the resources necessary to implement the plan on behalf of the applicant; and that I have examined this application in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete. I acknowledge that failure to operate in compliance with the applicable provisions of AS 46.04.055 and 18 AAC 75 may result in the revocation of approval for the vessel(s) named in this application to operate in Alaska waters.

Signature \_\_\_\_\_ Company \_\_\_\_\_

Typed/Printed Name and Title with the company \_\_\_\_\_